## **LG1015** Reporting Organization Information Changes

Organization name		License number
Organization's new address gambling manager's or treas	ess. The organization address may not surer's address.	be the same as the
Business address	Cou	unty
City	State	Zip code
Organization's new phone	e number	
Example: 2nd T Week day Week day	ne of the regular monthly meeting(s).  Thursday 8:00 pm Time am Time am _ dress and/or phone number	_pm _pm
	Address	Phone
	Address	
<ul><li>new IRS income tax exem</li><li>Minnesota Secretary of Sta</li><li>Termination. Organization</li></ul>	roof of a legal name change, attach a conption letter, <b>OR</b> attach a control attach atta	the legal name change.
Acknowledgment		
I declare that all information is to	rue, accurate, and complete.	
Signature of chief executive office	cer or gambling manager	Date
Print name	Title:Chief Executive	e OfficerGambling Manager
Changes in Officers and	I Employees	
Officers.  - When the chief executive office  - Submit an LG200B Organization	cer (CEO) or treasurer changes, do not so	
	ges, do not submit this LG1015. on of Paid Gambling Employee when:	
<ul><li>an employee is no long</li><li>a paid employee is tern</li></ul>	s hired, ger paid, or	
<ul> <li>an employee is no long</li> </ul>	s hired, ger paid, or	

**Data privacy notice:** The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.